

Department of Health and Human Services Public Health Service Ruth L. Kirschstein National Research Service Award Individual Fellowship Application <i>Follow instructions carefully. Do not exceed character length restrictions indicated.</i>				LEAVE BLANK—For PHS use only.	
		Type	Activity	Number	
		Review Group		Formerly	
		Meeting Dates		Date Received	
1. TITLE OF RESEARCH TRAINING PROPOSAL (Do not exceed 56 characters, including spaces and punctuation.)					
2. LEVEL OF FELLOWSHIP			3. PROGRAM ANNOUNCEMENT/REQUEST FOR APPLICATIONS		
4a. NAME OF APPLICANT (Last, first, middle initial)			4b. E-MAIL ADDRESS		4c. HIGHEST DEGREE(S)
4d. PRESENT MAILING ADDRESS (Street, city, state, zip code)			4e. PERMANENT MAILING ADDRESS (Street, city, state, zip code)		
4f. OFFICE TELEPHONE NO. (Area code, no., and ext.)		4g. HOME TELEPHONE NO. (Area code and no.)		4h. PERMANENT PHONE NO. (Area code and no.)	
				4i. FAX NUMBER (Area code and no.)	
4j. <input type="checkbox"/> U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL or			<input type="checkbox"/> PERMANENT RESIDENT OF U.S.		
5. TRAINING UNDER PROPOSED AWARD (See Fields of Training)				6. PRIOR AND/OR CURRENT NRSA SUPPORT (Individual or Institutional)	
Discipline No. Subcategory Name				<input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," refer to item 24, Form Page 5)	
7a. DATES OF PROPOSED AWARD		7b. PROPOSED AWARD DURATION		8. DEGREE SOUGHT DURING PROPOSED AWARD	
From (MM/DD/YY) Through (MM/DD/YY)		(in months)		Degree Expected Completion Date	
SPONSOR COMPLETES ITEMS 9 through 14					
9. HUMAN SUBJECTS		9a. Research Exempt		9b. Human Subjects Assurance No.	
<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES If "Yes" Exemption No.		<input type="checkbox"/> NO <input type="checkbox"/> YES	
		9c. NIH-Defined Phase III Clinical Trial		10a. VERTEBRATE ANIMALS	
		<input type="checkbox"/> NO <input type="checkbox"/> YES		<input type="checkbox"/> NO <input type="checkbox"/> YES	
11a. NAME OF SPONSOR (Last, first, middle initial)			11b. NAME OF PROPOSED SPONSORING INSTITUTION		
Telephone			Address		
FAX					
E-mail Address					
11c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT					
11d. MAJOR SUBDIVISION			12. ENTITY IDENTIFICATION NO. DUNS NO. (if available)		
13. NAME AND TEL. NO. OF ADVISOR IF DIFFERENT FROM 11a.			14. NAME OF OFFICIAL IN BUSINESS OFFICE		
Telephone			Telephone		
Name and address of institution where research training will take place if different from Item 11 b.			FAX		
Address			Title		
			Address		
			E-mail		
15. APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I certify that I have read the Ruth L. Kirschstein National Research Service Award Assurance, that I will abide by the Assurance if an award is made, and that the award will not support residency training.					
SIGNATURE (Required of each applicant)				DATE	

Department of Health and Human Services Public Health Service Ruth L. Kirschstein National Research Service Award Individual Fellowship Application <i>Follow instructions carefully.</i> <i>Do not exceed character length restrictions indicated.</i>		LEAVE BLANK—For PHS use only.		
		Type	Activity	Number
		Review Group		Formerly
		Meeting Dates		Date Received
1. TITLE OF RESEARCH TRAINING PROPOSAL (Do not exceed 56 characters, including spaces and punctuation.) Do not exceed 56 characters, including spaces and punctuation.				
2. LEVEL OF FELLOWSHIP 14		3. PROGRAM ANNOUNCEMENT/REQUEST FOR APPLICATIONS 10		
4a. NAME OF APPLICANT (Last, first, middle initial) 30		4b. E-MAIL ADDRESS 40		4c. HIGHEST DEGREE(S) 4,4,4
4d. PRESENT MAILING ADDRESS (Street, city, state, zip code) 32 32 32 32 32		4e. PERMANENT MAILING ADDRESS (Street, city, state, zip code) 32 32 32 32 32		
4f. OFFICE TELEPHONE NO. (Area code, no., and ext.) 25	4g. HOME TELEPHONE NO. (Area code and no.) 25	4h. PERMANENT PHONE NO. (Area code and no.) 25	4i. FAX NUMBER (Area code and no.) 25	
4j. <input type="checkbox"/> U.S. CITIZEN OR U.S. NONCITIZEN NATIONAL or <input type="checkbox"/> PERMANENT RESIDENT OF U.S. 7				
5. TRAINING UNDER PROPOSED AWARD (See Fields of Training) Discipline No. 4 Subcategory Name 40		6. PRIOR AND/OR CURRENT NRSA SUPPORT (Individual or Institutional) <input type="checkbox"/> NO <input type="checkbox"/> YES (If "Yes," refer to item 24, Form Page 5)		
7a. DATES OF PROPOSED AWARD From (MM/DD/YY) 8 Through (MM/DD/YY) 8		7b. PROPOSED AWARD DURATION (in months) 2		8. DEGREE SOUGHT DURING PROPOSED AWARD Degree 4 Expected Completion Date 8
SPONSOR COMPLETES ITEMS 9 through 14				
9. HUMAN SUBJECTS <input type="checkbox"/> NO <input type="checkbox"/> YES	9a. Research Exempt <input type="checkbox"/> NO <input type="checkbox"/> YES If "Yes" Exemption No. 8	9b. Human Subjects Assurance No. 9	9c. NIH-Defined Phase III Clinical Trial <input type="checkbox"/> NO <input type="checkbox"/> YES	10a. VERTEBRATE ANIMALS <input type="checkbox"/> NO <input type="checkbox"/> YES 10
		10b. Animal Welfare Assurance No. 9		
11a. NAME OF SPONSOR (Last, first, middle initial) 30 Telephone 25 FAX 25 E-mail Address 40		11b. NAME OF PROPOSED SPONSORING INSTITUTION 40 Address 32 32 32 32 32		
11c. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT 30				
11d. MAJOR SUBDIVISION 30		12. ENTITY IDENTIFICATION NO. 12 DUNS NO. (if available) 13		
13. NAME AND TEL. NO. OF ADVISOR IF DIFFERENT FROM 11a. 30 Telephone 25 Name and address of institution where research training will take place if different from Item 11 b. Address 40 32 32 32 32 32		14. NAME OF OFFICIAL IN BUSINESS OFFICE 30 Telephone 25 FAX 25 Title 30 Address 32 32 32 32 32 E-mail 40		
15. APPLICANT CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete, and accurate to the best of my knowledge, and I agree to comply with the terms and conditions of award if an award is issued as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I certify that I have read the Ruth L. Kirschstein National Research Service Award Assurance, that I will abide by the Assurance if an award is made, and that the award will not support residency training.				
SIGNATURE (Required of each applicant)		DATE		

Page Numbers

(Number pages consecutively at the bottom throughout the application. Do not use suffixes such as 6a, 6b.)

Section 1 — Applicant

Face Page (Items 1-8, 15), Page 2 (Items 16-18, 22), and Table of Contents (Form Page 3)	1-3
Scholastic Performance (Form Page 4)	4
Background (Form Page 5)	5
Research Experience (Form Page 6)	
a. Summary	_____
b. Doctoral Dissertation	_____
c. Publications	_____
Revised Application	_____
Research Training Plan	_____
a. Activities Under Award	_____
b. Research Training Proposal	_____
(1) Specific Aims	_____
(2) Background/Significance	_____
(3) Research Design and Methods	_____
(4) Literature Cited	_____
(5) Human Subjects Research (Required if Item 9 on the Face Page is marked "Yes")	_____
(6) Data and Safety Monitoring Plan (Required if Item 9c on the Face Page is marked "Yes" and a Phase I, II, or III clinical trial is proposed)	_____
(7) Vertebrate Animals (Required if Item 10a on the Face Page is marked "Yes")	_____
c. Respective Contributions	_____
d. Selection of Sponsor and Institution	_____
e. Responsible Conduct of Research	_____

Section 2 — Sponsor

Biographical Sketch (Form Page 7)	_____
Research and Training Support/Previous Trainees (Form Page 8)	_____
Facilities and Commitment Statement (Form Page 8)	_____
Training Plan, Environment, Research Facilities	_____
Number of Fellows/Trainees to be Supervised	_____
Applicant's Qualifications and Potential	_____
Human Subjects	_____
Vertebrate Animals	_____
Checklist (Form Page 9)	_____

Section 3 — References (Minimum of 3)

(See instructions for submission of references)

List full name, institution, and department of individuals submitting reference letters.

Other Items (list):

Personal Data Page for Fellowship Applicants

Section 4 — Appendix

(3 collated sets. No page numbering necessary. Not to exceed 3 publications; 2 for predoctoral candidates.)

☐ Check if Appendix is included

PHS 416-1 (Rev. 06/02)

**Kirschstein–NRSA Individual Fellowship Application
Background***(To be completed by applicant--follow PHS 416-1 instructions.)*NAME OF APPLICANT *(Last, first, middle initial)*

24. PRIOR AND/OR CURRENT KIRSCHSTEIN–NRSA SUPPORT. List type (individual and/or institutional), level (pre or post), dates, and grant or award numbers.

25a. ACADEMIC AND PROFESSIONAL HONORS. Include all scholarships, traineeships, fellowships, and development awards other than Kirschstein–NRSA. Indicate source of awards (NSF, Woodrow Wilson, etc.), dates, and grant or award numbers. List current professional societies, if applicable.

25b. TITLE(S) OF THESIS/DISSERTATION(S)

26. NAME OF DISSERTATION ADVISOR OR CHIEF OF SERVICE
(If reference report not included, explain why not.)

TITLE, DEPARTMENT, AND INSTITUTION

27. APPLICATION FOR CONCURRENT SUPPORT☐ NO ☐ YES

Using format below, list all support (training, research, supplies, travel, etc.) applied for that would run concurrently with the period covered by this application. Include the type, dates, source, and amount.

Type:

Source:

Type:

Source:

Type:

Source:

Type:

Source:

Type:

Source:

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

Dates:

Amount::

Kirschstein–NRSA Individual Fellowship Application Research

(To be completed by applicant—follow PHS 416-1 instructions.)

NAME OF APPLICANT (Last, first, middle initial)

28. RESEARCH EXPERIENCE

- a. Summary
- b. Doctoral Dissertation
- c. Publications (published, accepted, submitted, or in preparation)

29. REVISED APPLICATION

30. RESEARCH TRAINING PLAN

- a. Approximate percentage of proposed award time in activities identified below. (See instructions.)

Year	Research	Course Work	Teaching	Clinical
First				
Second				
Third				

- b. Research Training Proposal
- c. Respective Contributions
- d. Selection of Sponsor and Institution
- e. Responsible Conduct of Research

Personal Data on Kirschstein–NRSA Individual Fellowship Applicant

Clip this form to the signed original of the application after the checklist. Do not duplicate.

NAME OF APPLICANT (Last, first, middle initial)

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed applicant.

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. **Do not attach copies of this form to the duplicated copies of the application.**

Upon receipt of the application by the PHS, this form will be separated from the application. This form will **not** be duplicated, and it will **not** be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)." The PHS requests Social Security Numbers for accurate identification, referral, and review of applications and for management of PHS grant programs. Provision of the Social Security Number is voluntary. No individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose his or her Social Security Number. The PHS requests the Social Security Number under Sections 301(a) and 487 of the PHS Acts as amended (42 U.S.C 241a and U.S.C. 288). All analyses conducted on the date of birth and race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

DATE OF BIRTH (MM/DD/YY)

SEX/GENDER

SOCIAL SECURITY NUMBER

☐ Female ☐ Male

ETHNICITY

1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."

☐ **Hispanic or Latino**

☐ **Not Hispanic or Latino**

RACE

2. What race do you consider yourself to be? Select one or more of the following.

☐ **American Indian or Alaska Native.** A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.

☐ **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)

☐ **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American."

☐ **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ Check here if you do not wish to provide some or all of the above information.

BIOGRAPHICAL SKETCH

Provide the following information for the sponsor (and co-sponsor, if applicable) in the format indicated. Use a separate Form Page 7 for each biographical sketch submitted. **DO NOT EXCEED FOUR PAGES** Also, complete items 9 through 14 on Form Page 1, and items 19, 20 and 21 on Form Page 2.

NAME OF SPONSOR (CO-SPONSOR)		POSITION TITLE	
EDUCATION/TRAINING (<i>Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.</i>)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

NOTE: The Biographical Sketch may not exceed four pages. Items A and B may not exceed two of the four-page limit.

A. Positions and Honors. List in chronological order previous positions, concluding with your present position. List any honors. Include present membership on any Federal Government public advisory committee.

B. Selected peer-reviewed publications (in chronological order). Do not include publications submitted or in preparation.

C. Research Support. List selected ongoing or completed (during the last three years) research projects (Federal and non-Federal support). Begin with the projects that are most relevant to the research proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the sponsor (co-sponsor) identified above.

BIOGRAPHICAL SKETCHProvide the following information for the sponsor (co-sponsor). **DO NOT EXCEED FOUR PAGES.**

NAME OF SPONSOR (CO-SPONSOR)

POSITION TITLE

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.*)

INSTITUTION AND LOCATION

DEGREE
(*if applicable*)

YEAR(s)

FIELD OF STUDY

33. SPONSOR'S PREVIOUS FELLOWS/TRAINEES

FACILITIES AND COMMITMENT STATEMENT

34. Training Plan, Environment, Research Facilities.

35. Number of Fellows/Trainees to be Supervised During the Fellowship. Indicate Pre-or Postdoctoral.

36. Applicant's Qualifications and Potential for a Research Career.

37. Human Subjects/Vertebrate Animals Use and Description.

38. **CERTIFICATION:** We, the undersigned, certify that the statements herein are true, complete, and accurate to the best of our knowledge. If this application results in an award, appropriate training, adequate facilities, and supervision will be provided, and we accept the obligation to comply with the Public Health Service terms and conditions of award. We are aware that any false, fictitious, or fraudulent statement or claim may subject us to criminal, civil, or administrative penalties.

SIGNATURE	TYPED NAME	OFFICE TELEPHONE	DATE
SPONSOR			
DEPARTMENT HEAD			
OFFICIAL SIGNING FOR SPONSORING INSTITUTION			

Kirschstein-NRSA Individual Fellowship Application Checklist

Applicant completes Section 1. Sponsor completes Section II.

NAME OF APPLICANT (Last, first, middle initial)

Section 1--Applicant

A. TYPE OF APPLICATION

☐ NEW application (This application is being submitted to the PHS for the first time.)

☐ COMPETING CONTINUATION of award number _____
(This application is to extend a funded award beyond its current award period.)

☐ REVISION of application number _____
(This application replaces a prior unfunded version of a new or competing continuation application.)

B. ASSURANCES/CERTIFICATIONS

The following assurances/certifications are made and verified by your signature in Item 15 on the Face Page of the application. • Debarment and Suspension; • Delinquent Federal Debt; • Drug-Free Workplace (Applicable only to new or revised applications being submitted to the PHS for the first proposed project period-- Type 1.) Descriptions of individual certifications are included in Section III.B, Policies, Assurances, and Certifications, of the application instructions. If unable to certify compliance, provide an explanation and place it after this page.

C. KIRSCHSTEIN-NRSA SENIOR FELLOWSHIP APPLICANTS ONLY

1. PRESENT INSTITUTIONAL BASE SALARY

Amount Academic Period/number of months

2. STIPEND/SALARY DURING FIRST YEAR OF PROPOSED FELLOWSHIP

a. Stipend requested from PHS

Amount Number of months

b. Supplementation from other sources

Amount Number of months Type (sabbatical leave, salary, etc.) Source

D. TUITION, FEES AND HEALTH INSURANCE

Predoctoral applicants should list estimated combined costs of tuition, fees and health insurance. Postdoctoral applicants should list the estimated costs for the tuition and fees for courses planned that support the research training experience. For postdoctoral applicants, those courses should be described under Item 30, Research Training Plan. Health insurance for postdoctoral fellowships is paid as part of the institutional allowance.

Section II -- Sponsoring Institution

The following assurances/certifications are made and verified by the signature of the Official Signing for Sponsoring Institution in Item 38. Descriptions of sponsoring institution assurances/certifications are included in Section III.B, Policies, Assurances, and Certifications, of the application instructions. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

•Human Subjects; •Research Using Human Embryonic Stem Cells; •Research on Transplantation of Human Fetal Tissue; •Research Misconduct; •Recombinant DNA and Human Gene Transfer Research; •Vertebrate Animals; •Debarment and Suspension; •Civil Rights (Form HHS 441 or HHS 690); •Handicapped individuals (Form HHS 641 or HHS 690); •Sex Discrimination (Form HHS 639-A or HHS 690); •Age Discrimination (Form HHS 680 or HHS 690); •Financial Conflict of Interest.

Targeted/Planned Enrollment Table**This report format should NOT be used for data collection from study participants.****Study Title:****Total Planned Enrollment:**

TARGETED/PLANNED ENROLLMENT: Number of Subjects			
Ethnic Category	Sex/Gender		
	Females	Males	Total
Hispanic or Latino			
Not Hispanic or Latino			
Ethnic Category: Total of All Subjects*			
Racial Categories			
American Indian/Alaska Native			
Asian			
Native Hawaiian or Other Pacific Islander			
Black or African American			
White			
Racial Categories: Total of All Subjects *			

*The "Ethnic Category: Total of All Subjects" must be equal to the "Racial Categories: Total of All Subjects."

Inclusion Enrollment Report**This report format should NOT be used for data collection from study participants.**

Study Title: _____

Total Enrollment: _____ Protocol Number: _____

Grant Number: _____

**PART A. TOTAL ENROLLMENT REPORT: Number of Subjects Enrolled to Date (Cumulative)
by Ethnicity and Race**

Ethnic Category	Sex/Gender			
	Females	Males	Unknown or Not Reported	Total
Hispanic or Latino				**
Not Hispanic or Latino				
Unknown (Individuals not reporting ethnicity)				
Ethnic Category: Total of All Subjects*				*

Racial Categories

American Indian/Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More than one race				
Unknown or not reported				
Racial Categories: Total of All Subjects*				*

**PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date
(Cumulative)**

Racial Categories	Females	Males	Unknown or Not Reported	Total
American Indian or Alaska Native				
Asian				
Native Hawaiian or Other Pacific Islander				
Black or African American				
White				
More Than One Race				
Unknown or not reported				
Racial Categories: Total of Hispanics or Latinos**				**

* These totals must agree.

** These totals must agree.

Personal Data on Kirschstein–NRSA Individual Fellowship Application
Continuation Page

NAME OF APPLICANT (*Last, first, middle initial*)

CONTINUATION PAGE

Applicant's Instructions for Submission of References

This notice explains the submission of references for Ruth L. Kirschstein National Research Service Award Individual Fellowship applicants. Applications will not be reviewed unless at least three (3) references are received with the application. Applicants are responsible for complete applications reaching the PHS on schedule.

Submission Process

Forward reference forms to referees with sufficient lead time so that the completed forms will be part of the application package. Fill out upper right corner before forwarding to referee. Referees should be provided with postage-paid return envelopes addressed to you with the following words in the front bottom left corner — *DO NOT OPEN—PHS USE ONLY*. Attach unopened references to the front of the original application and submit the entire package by the submission deadline.

Note to Respondent

The applicant is applying for a competitive Ruth L. Kirschstein National Research Service Award Individual Fellowship from the Public Health Service (PHS) for research training in health-related areas. Your assessment of the applicant's potential for a research career is requested. The references will be used by PHS committees of consultants in assessing applicants.

At least three references must be submitted with the application or the application will be returned. *Please complete this form and return it to the applicant in sufficient time for the applicant to meet the deadline date.*

Complete the form in English. The form should be typed if possible. If any part of the form is handwritten, use a black pen. The color blue does not reproduce. If the space provided is inadequate, use an 8-1/2 x 11" sheet of paper and put the applicant's name in the upper right corner.

Although the Privacy Act of 1974 allows NSRA applicants to have access to personal information contained in their records, we have asked the applicant to provide you with a self-addressed envelope with — **DO NOT OPEN—PHS USE ONLY** — in the front bottom left corner. Applicants are asked not to open the references in order to protect the confidentiality of the process. Thank you for your assistance.

PHS estimates that it will take 45 minutes to complete this form. This includes time for reviewing the instructions, gathering needed information, and completing the form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. If you have comments regarding this burden estimate or any other aspects of the collection of information, including suggestions for reducing this burden, send comments to NIH Project Clearance Office, 6705 Rockledge Drive MSC 7974, Bethesda, MD 20892-7974, Attention: PRA (0925-0002). **DO NOT RETURN THE COMPLETED FORM TO THIS ADDRESS.**

Department of Health and Human Services Public Health Service Reference Ruth L. Kirschstein National Research Service Award Individual Fellowship	(Applicant completes this block.)
	NAME OF APPLICANT (Last, first, middle initial)
	PROPOSED SPONSORING INSTITUTION

Compare the applicant with other individuals of similar training and experience with whom you have been associated. Use the following numerical scores. Mark every block; insert "X" if insufficient knowledge to rate and "NA" if not applicable.

1 - Outstanding -- comparable to the best individual in a current class or research laboratory (upper 5%)

2 - Excellent -- upper 6 to 20%

3 - Very Good (Above Average) -- upper 21 to 40%

4 - Good (Average) -- middle 41 to 60%

5 - Fair (Below Average) -- lower 40%

Use black ink.

Research Ability and Potential

Originality

Written and Verbal Communications

Accuracy

Perseverance in Pursuing Goals

Scientific Background

Self-Reliance and Independence

Familiarity with Research Literature

Clinical Proficiency, if relevant

Ability to Organize Scientific Data

Laboratory Skills and Techniques, if relevant

Describe your association with the applicant. Comment on the above items, including other areas as appropriate, identifying the strengths and weaknesses that should be considered in evaluating the applicant's potential for a research career. *(Use continuation pages as necessary.)*

DATES ASSOCIATED WITH APPLICANT	CAPACITY AT THAT TIME <i>(Teacher, dissertation advisor, supervisor, or other) (Use continuation pages as necessary.)</i>	
RESPONDENT <i>(Name, title, department, and institution)</i>		
TELEPHONE NUMBER	SIGNATURE	DATE